

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Terry M. Johnson, Paralegal

U. S. Application No. 10/521300

Publication Date 05 February 2004

Publication No. WO 2004 1011503 A1 PCT/RO/101

International Application No. PCT KR.03/00998 Language

Priority Info: Country KR No. 10-2002-004426 date 26 July 2002 **MORE** turn over

Abstract: ☒, Correspondence checked: ☒; Inventor Name checked: ☒

Copy in International Application: yes ☒ no ☐; Translation: yes ☐ no ☐

Copy of ISR ☒, Copy of IPER ☒

Total Claims: 13 Chargeable 13 Independent 1 multiple

371 Filing Fees: 900; meets Art. 33(2)-(3) Low fee applies:

Number of drawing Sheets: 0

Oath/Declaration: yes ☐ no ☒; signed ☐ unsigned ☐ defective ☐ completed ☐

large entity fee: ☒; Small entity fee: ☐; **SME** papers: yes ☐ no ☐

Biochemical Seq. Diskette: yes ☐ no ☒ entered ☐ Biochemical Seq. Listing: yes ☐ no ☐
statement ☐ yes ☐ no ☐

Copy of ISR: with References ☐, without References ☒

Copy of IPER: yes ☒ no ☐; Annexes yes ☐ no ☒ entered ☐ not entered ☐

Preliminary Amendment(s): yes ☒ no ☐; 2nd amendment date

IDS: yes ☒ no ☐ DATE: 18 April 05 2nd yes ☒ no ☐ DATE: 25 April 2005

Request for Immediate Examination: yes ☐ no ☒

Substitute Specification: yes ☐ no ☒

Assignment: yes ☐ no ☒ forwarded to Assignment ☐

Priority Document(s): yes ☒ no ☐; Number of copies included

Power of Attorney: yes ☐ no ☒

Date of 35 VSC Receipt of Request: 07 January 2005 Notes:

Date Completion VSC 371 Requirements:

Notice of Missing Requirements: 21 August 2005

Notice of Defective Response:

Notice of Acceptance:

Notice of Abandonment:

Other forms:

Article 19 Amendment: yes ☐ no ☐; replaced by Article 34 Amdt.

Extension of time: Number of months

Petition to Revive: : Petition 1 47

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 2023

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # <u>10/521 003</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ <u>100</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>100</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/>	Overpayment	Treasury Check		
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:		
<input type="checkbox"/>	No Fee Due (Explanation):	9 0 6 -- 1 1 3 0		
<i>Rule change - 08 Dec 2004</i>				
11 REFUND REQUESTED BY: _____				
TYPED/PRINTED NAME:		TITLE: <u>Supervisor</u>		
SIGNATURE: <u>Larry M. Johnson</u>		PHONE: <u>703-308-9140</u>		
OFFICE: <u>DO/EO</u>		<u>X221</u>		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

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